

# CIGNA HealthCare

## Prior Authorization Drugs

Using the latest medical research, along with guidelines from the U.S. Food and Drug Administration (FDA) and national medical organizations, the CIGNA HealthCare Pharmacy and Therapeutics Committee, a panel of participating network doctors and pharmacists, regularly evaluates the safety and effectiveness of prescription medications that are included on the formulary. This evaluation also includes the determination of which drugs will require prior authorization based on safety, appropriate use or benefit design.

For medications or doses that require prior authorization, your doctor may call or fax the appropriate prior authorization form to CIGNA HealthCare to request coverage for the prescription. Your doctor should make this request before writing the prescription. To determine if prior authorization is required, your doctor should check the CIGNA HealthCare Formulary Guide or visit our Web site at [www.cigna.com](http://www.cigna.com) for our complete formulary list.

If the request is approved, the doctor will receive a fax confirmation. The authorization will be processed in our claim system to allow you to have coverage for this drug. The length of the authorization will depend on the diagnosis and drug. When your physician advises you that the drug has been approved, you should contact a participating pharmacy to fill the prescription(s). If the request is denied, you and your doctor will be notified that coverage for the drug is not authorized.

If you have questions, please call Member Services at the toll-free number on your CIGNA HealthCare ID card.

The following list identifies the drugs that may require prior authorization and is subject to change on a quarterly basis.

**AGE** indicates that the drug requires prior authorization if your age meets the age limit shown.

**PA** indicates that the drug routinely requires prior authorization to ensure appropriate treatment regimens are followed.

**QL** indicates that the drug requires prior authorization only when the quantity requested exceeds certain limits.

Common Brand Name	Reason
Ana-Kit	QL
Arixtra	QL
Avita	AGE ≥ 46
D.H.E. 45	QL
Epipen, Epipen, Jr.	QL
Fragmin	QL
Gleevec	PA
Glucagon	QL

Common Brand Name	Reason
Heparin	QL
Imitrex	QL
Innohep	QL
Lovenox	QL
Retin-A, Retin-A Micro	AGE ≥ 46
Stadol NS	QL
Trovan	PA
Vfend	PA
Zyvox	PA



**CIGNA HealthCare**

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